				1 6-020
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):			FOR COURT USE ONLY	
_				
TELEPHONE NO.:	FAX NO.:			
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFOR	RNIA, COUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS: CITY AND ZIP CODE:				
BRANCH NAME:				
PETITIONER/PLAINTIFF:				
RESPONDENT/DEFENDANT:				
RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION			CASE NUMBER:	
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:		
1. L CHILD CUSTODY				
a. I consent to the o		and the state of all and an analysis	_	
b. LI do not consent to	o the order requested but I	consent to the following order		
2. CH <u>ILD VISITATION</u>				
a. I consent to the o				
b. I do not consent to	o the order requested but I	consent to the following order	r:	
3. CHILD SUPPORT				
a. I consent to the o	rder requested.			
b. I consent to guide				
		I consent to the following orde	r:	
(1) Guidelin				
(2) Other (s _i	pecify):			
4. SPOUSAL SUPPORT				
a. I consent to the ord	er requested.			
	the order requested.			
c. I consent to the follo	owing order:			
5. ATTORNEY FEES AND C	OSTS			
a. I consent to the o				
	o the order requested.			
c. I consent to the fo				

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
6. PROPERTY RESTRAINT a. I consent to the order requested. b. I do not consent to the order requested. c. I consent to the following order:	
7. PROPERTY CONTROL a. I consent to the order requested. b. I do not consent to the order requested. c. I consent to the following order:	
8. OTHER RELIEF a. I consent to the order requested. b. I do not consent to the order requested. c. I consent to the following order:	
9. SUPPORTING INFORMATION contained in the attached declaration.	
NOTE: To respond to a request for domestic violence restraining orders requested in the <i>Frevention</i> (form DV-100) you must use the <i>Answer to Temporary Restraining Order (Dom</i> DV-120).	
I declare under penalty of perjury under the laws of the State of California that the foregoing i	is true and correct.
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)